morozov@post.com 703-203-8374 April 1, 2019

The Honorable Judge Stuart M. Bernstein The United States Bankruptcy Court for the Southern District of New York, Courtroom 723 One Bowling Green, New York, NY 10004-1408

> Re: <u>Case 19-10629 (SMB)</u>, <u>Eugene Morozov</u>, <u>Debtor in Foreign Proceeding</u> Dear Judge Bernstein,

My name is Eugene Morozov, I am the named Debtor in these proceedings. I hereby respectfully request the postponement of the April 3, 2019 response date and April 10, 2019 hearing date for the following reasons:

- 1. I have not been properly served in this case and learned about it recently from my accountant. I am experiencing severe financial hardship and unable to pay for a bankruptcy attorney and have to represent myself, and need additional time to prepare my objections to the Petition, which is based on numerous misrepresentations and false statements. I currently live in California and have no means to travel to New York.
- 2. I have experienced several medical emergencies since my heart attack and a double bypass surgery in August 2018. In November 2018, I was admitted to the Emergency Room of Santa Clara Valley Hospital in California, with shortness of breath and chest pain and was prescribed additional medications. In February, I was referred for another surgery by Santa Clara Valley Hospital, scheduled for May 1, 2019, and my medication dosage was increased (I am currently taking 5 prescription medications). On March 30, 2019, I was again admitted to Emergency Room at Kaiser Hospital with chest pain and shortness of breath, and require further testing and treatments (Exhibit 1). According to the doctors there is a potential threat to my life and safety, including death

or permanent disability; I was referred for further tests and treatment, which I have to do in the next few weeks.

3. My request for discharge in foreign bankruptcy proceedings is now on appeal in the Russian Bankruptcy Court and may be dismissed.

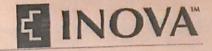
I am copying this letter to CKR Law, representing the Foreign Representative, by email to escnitzer@ckrlaw.com.

Eugene Morozov

cc: Clerk of the United States Bankruptcy Court

Edward Schnitzer, Esq., CKR Law LLP, 1330 Avenue of the Americas, 14th Floor, New York, New York 10019

Andy Velez-Rivera, Office of the United States Trustee, U.S. Federal Office Building, 201 Varick Street, Suite 1006, New York, NY 10014



AFTER VISIT SUMMARY

Most Important

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About Your Stay
SEE ACCOMPANYING PURPLE FORM IN YOUR DISCHARGE
PACKET
(INOVA MEDICAL GROUP CARDIAC SURGERY DISCHARGE
INSTRUCTIONS)

MY CARDIAC SURGERY

The operation I had was: coronary artery bypass grafting x 2 (left internal mammary artery to left anterior descending artery, right internal mammary artery to obtuse marginal artery)

My Incisions are located: on my chest

I needed this operation to: to bypass blockages in the arteries of my heart

My cardiac surgeon is: Dr Kathleen Petro

My ejection fraction is: 60% (a measure of how well my heart pumps - normal is 55-60%)

Things To Do

☐ Ask how to get these medications

acetaminophen

_____ ? Ask

· aspirin EC

— 🖒 Do

- Pick up 6 medications from any pharmacy with your printed prescription
- ☐ Call SENTARA MEDICAL CENTER CARDIAC REHABILITATION in 1 week(s)

2296 Opitz Blvd Suite 520 WOODBRIDGE VA 22191-3300 703-523-1280

- ☐ Schedule an appointment with Cardiologist as soon as possible for a visit in 2 week(s)
- Schedule an appointment with Primary Care Physician as soon as possible for a visit in 4 week(s)
- ☐ Go to Kathleen R Petro, MD on 9/5/2018

Inova Cardiac and Thoracic Surgery 703-280-5858

Doctor in charge of your hospital stay

Petro, Kathleen R, MDPhone: (703)280-5858

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P	g 4 of 5				
KAISER PERMANENTE® The Permanente Medical Group EMERGENCY DEPARTMENT (ED) LEAVING BEFORE MEDICAL EVALUATION/TREA Complete applicable section (1 or 2) ONI	ATMENT	MR #: Name:	110016860987 S, MOROZOV, EUGENE Date Time Collected By:	AC-ED**-SRE-02	
1 LEFT WITHOUT NOTIFICATION TO STAFF (LWBS¹ OR ELOPEMENT²):					
The patient has: LWBS ELOPED Physician notified:					
No answer when called: 1. Date:	_ Time: _		Signature Signature	:	
Additional actions taken (as needed):					
PHYSICIAN OR RN SIGNATURE Call back per policy:			Date:	Time:	
_			Date:	Time:	
This patient is leaving AMA despite being end of the hospital's obligation to within the hospital's capability and capacity, stabilize an emergency medical condition. Reason(s) for leaving:	provide me and/or an	d to stay	reening examinate transfer to an and that day and that day	ion, stabilizing treatment nother facility if necessary to would like	
for further examination and treatment. The risk Potential threat to life, limb, and/or safety Other (specific to presenting complaint): PATIENT ACKNOWLEDGMENT: You have been advised to stay for further examin to an Emergency Department if your symptoms p	, including ation and t	death o	r permanent disa	Physician notified (as needed Holberg	
I am voluntarily leaving the Emergency Departme with a medical screening examination, stabilizing an appropriate transfer to another facility if neces I refuse such services. I have been informed of the and/or the possible benefits of continuing medical	ent. I under treatment ssary to sta ne risks and al treatmen	stand the within the bilize and conse that this	he hospital's cap n emergency me quences potentia hospital.	ability and capacity, and/or dical condition. However, ally involved in this refusal	
I hereby release the physicians, hospital, and its employees and agents from all responsibility for any ill effects that may result from my refusal of further medical examination and/or treatment. Exam/treatment refused (to be completed by physician or nurse):					

PATIENT SIGNATURE OR PATIENT REFUSED TO SIGN DISTRIBUTION: WHITE = CHART • CANARY = ED COORDINATOR • PINK = PATIENT

PRINTED NAME

Date: 03/30/19 Time: 2250

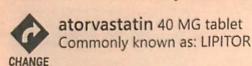
RELATIONSHIP IF NOT PATIENT

09775-006 (2-08)

* Milena Mich RN
PHYSICIAN OR RN SIGNATURE

Changes to Your Medication List

CHANGE how you take these medications



Take 1 tablet by mouth at bedtime for 30 days.
What changed: when to take this

CONTINUE taking these medications

aspirin 325 MG EC tablet	Take 1 tablet by mouth daily.
lisinopril 5 MG tablet Commonly known as: PRINIVIL,ZESTRIL	Take 1 tablet by mouth daily.
metoprolol tartrate 25 MG tablet Commonly known as: LOPRESSOR	Take 1 tablet by mouth every 12 (twelve) hours.

You might also be taking other medications not listed above. If you have questions about any of your other medications, talk to the person who prescribed them or your Primary Care Provider.

NOTICE TO CONSUMERS:

Medical Doctors are licensed and regulated by the Medical Board of California (800) 633-2322, www.mbc.ca.gov. Physician Assistants are licensed and regulated by the Physician Assistant Committee (916) 561-8780, www.pac.ca.gov. Nurse Practitioners are licensed and regulated by the California Board of Registered Nursing (916) 322-3350, www.rn.ca.gov/index.shtml.

Patient Update

For adult patients with a primary care provider at a Valley Health Center clinic, a limited number of same day appointments are available with your primary care provider. For children with urgent care needs, same day appointments are available in our Pediatric Urgent Care clinics. Have your medical record number available for faster service when calling Valley Connection at 1-888-334-1000.

Information from Santa Clara Valley Medical Center